

VACATION EMPLOYMENT AGREEMENT

| This Adde | endum sei | rves as a | written mo | dification t | to the CWSP Partner agreement between |
|--|--------------|------------------------|------------------------------|--------------|---|
| | | | | | Inc. (ACWSP) as provided in paragraph 2 therein of the |
| original c | ontract. F | Pursuant to | o the term | s of the aç | greement, CWSP Partner agrees to provide work for |
| | Student | , a | n ACWSP | employee | e, for the days marked in the calendar below. The CWSP |
| Partner a | | pay the pe | r diem flat | rate of \$1 | 180.00 ACWSP will handle payroll issues and pay the |
| student-w | orker a pe | er diem fla | at rate of \$ | 150.00. | |
| This fo | rm must l | be return | ed to the | CWSP off | fice by December 8, in order for you to be considered for |
| | , | <mark>holiday e</mark> | <mark>mployme</mark> | nt! Late f | forms will not be processed or accepted. |
| | Dovo D | oguantad | to Mork | | PROJECTED COST: |
| Days Requested to Work Place an X on each anticipated work day | | | | | Total # of days: x \$180.00 = |
| Mon | Tue | Wed | Thu | Fri | PROJECTED STUDENT PAYMENT: |
| Dec 18 | Dec 19 | Dec 20 | Dec 21 | Dec 22 | Total # of days worked x \$150.00= |
| Dec | Dec | Dec | Dec | Dec | In witness whereof, the parties agree to this modification as |
| 25 | 26 | 27 | 28 | 29 | of the date indicated below. |
| Jan | Jan | Jan | | | |
| 1 | 2 | 3 | | | |
| APPLIBE C | OPPORATI | E WORK ST | | PAM INC |] |
| ARROPE | A Colora | do not-for-pro | FUDY PROG fit corporation | IKAWI, INC. | |
| Vianney Berr | nhardt, CWSP | Director of C | nerations | | |
| Viainicy Ben | marut, Ovvoi | Director or C | perations | | |
| Date | | | | | STUDENT and PARENT |
| PARTNER | | | | | |
| Representative-Direct Student Supervisor (Print Name) | | | | | Student Signature and Date |
| Phone | | | | | Student Cell Phone Number |
| FIIONE | | | | | |
| Signature | | | | | Student Social Security Number |
| Date | | | | | Home Telephone Number |
| Billing Contact (please print) | | | | | <u> </u> |
| | | | | | Home Address |
| Billing Address | | | | | City, State, Zip |
| City, State, Zip | | | | | Deposit Circustum and Date |
| Phone/Fmail | | | | | Parent Signature and Date |